

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213532354				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THE NATIONAL OSTEOPOROSIS FOUNDATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MO</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2013</p> <p>SCC ID NO: F0500100</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED		
CLASS	AUTHORIZED					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1150 17TH ST, NW STE 850</p> <p style="text-align: center;">CITY/ST/ZIP: WASHINGTON, DC 20036</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT R RECKER MD TITLE: PRESIDENT ADDRESS: 601 N 30TH ST STE 5766 CITY/ST/ZIP/CO: OMAHA, NE 68131 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 30%;"></td> </tr> </table>			NAME: ROBERT R RECKER MD TITLE: PRESIDENT ADDRESS: 601 N 30TH ST STE 5766 CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT R RECKER MD TITLE: PRESIDENT ADDRESS: 601 N 30TH ST STE 5766 CITY/ST/ZIP/CO: OMAHA, NE 68131	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT F GAGEL MD TITLE: VICE PRESIDENT ADDRESS: UNIV OF TEXAS ANDERSON CANCER CTR 1515 HOLCOMBE BLVD CITY/ST/ZIP/CO: HOUSTON, TX 77030 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 30%;"></td> </tr> </table>			NAME: ROBERT F GAGEL MD TITLE: VICE PRESIDENT ADDRESS: UNIV OF TEXAS ANDERSON CANCER CTR 1515 HOLCOMBE BLVD CITY/ST/ZIP/CO: HOUSTON, TX 77030	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT F GAGEL MD TITLE: VICE PRESIDENT ADDRESS: UNIV OF TEXAS ANDERSON CANCER CTR 1515 HOLCOMBE BLVD CITY/ST/ZIP/CO: HOUSTON, TX 77030	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: L. SCOTT SCHARER TITLE: TREASURER ADDRESS: 29 COMMONWEALTH AVE SUITE 201 CITY/ST/ZIP/CO: BOSTON, MA 02116 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 30%;"></td> </tr> </table>			NAME: L. SCOTT SCHARER TITLE: TREASURER ADDRESS: 29 COMMONWEALTH AVE SUITE 201 CITY/ST/ZIP/CO: BOSTON, MA 02116	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: L. SCOTT SCHARER TITLE: TREASURER ADDRESS: 29 COMMONWEALTH AVE SUITE 201 CITY/ST/ZIP/CO: BOSTON, MA 02116	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANN C MILLER MD TITLE: SECRETARY ADDRESS: 91 SIDNEY STREET #505 CITY/ST/ZIP/CO: CAMBRIDGE, MA 02139 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 30%;"></td> </tr> </table>			NAME: ANN C MILLER MD TITLE: SECRETARY ADDRESS: 91 SIDNEY STREET #505 CITY/ST/ZIP/CO: CAMBRIDGE, MA 02139	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ANN C MILLER MD TITLE: SECRETARY ADDRESS: 91 SIDNEY STREET #505 CITY/ST/ZIP/CO: CAMBRIDGE, MA 02139	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: AMY PORTER TITLE: CEO ADDRESS: 1150 17TH ST, NW STE 850 CITY/ST/ZIP/CO: WASHINGTON, DC 20036 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> <td style="width: 30%;"></td> </tr> </table>			NAME: AMY PORTER TITLE: CEO ADDRESS: 1150 17TH ST, NW STE 850 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: AMY PORTER TITLE: CEO ADDRESS: 1150 17TH ST, NW STE 850 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				

NAME:	WILLIAM ASHTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21 HARRISON DRIVE		
CITY/ST/ZIP/CO:	NEWTOWN SQUARE, PA 19073		
NAME:	FELICIA COSMAN, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	REGIONAL BONE CENTER		
CITY/ST/ZIP/CO:	ROUTE 9W WEST HAVERSTRAW, NY 10993		
NAME:	RICHARD DELL, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9353 E IMPERIAL HIGHWAY		
CITY/ST/ZIP/CO:	DOWNEY, CA 90242		
NAME:	SUSAN GREENSPAN, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3471 FIFTH AVENUE		
CITY/ST/ZIP/CO:	SUITE 1110 PITTSBURGH, PA 15213		
NAME:	JUDITH HULKA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1050 N POINT		
CITY/ST/ZIP/CO:	#1607 SAN FRANCISCO, CA 94109		
NAME:	KARL INSOGNA, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	DANA BLDG		
CITY/ST/ZIP/CO:	789 HOWARD AVENUE NEW HAVEN, CT 06519		
NAME:	FRANMARIE KENNEDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE DUPONT CIRCLE		
CITY/ST/ZIP/CO:	SUITE 700 WASHINGTON, DC 20036		
NAME:	DAVID L KIM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 E STREET NW		
CITY/ST/ZIP/CO:	SUITE A1-200 WASHINGTON, DC 20049		
NAME:	JOAN M LAPPE, PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 N 30TH STREET		
CITY/ST/ZIP/CO:	SUITE 4820 OMAHA, NE 68131		
NAME:	C BERDON LAWRENCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	55 WAUGH DRIVE		
CITY/ST/ZIP/CO:	SUITE 1210 HOUSTON, TX 77007		

NAME:	MERYL S LEBOFF, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	221 LONGWOOD AVE		
CITY/ST/ZIP/CO:	BOSTON, MA 02115		
NAME:	BARBARA LEVIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1017 EAST CAPITOL STREET SE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20003		
NAME:	E MICHAEL LEWIECKI, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 OAK STREET NE		
CITY/ST/ZIP/CO:	ALBUQUERQUE, NM 87106		
NAME:	KENNETH SAAG, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	510 20TH STREET SOUTH		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35233		
NAME:	HEIDI SKOLNIK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	19 PRISCILLA LANE		
CITY/ST/ZIP/CO:	ENGLEWOOD CLIFFS, NJ 07632		
NAME:	CONNIE WEAVER, PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	700 WEST STATE STREET		
CITY/ST/ZIP/CO:	WEST LAFAYETTE, IN 47907		
NAME:	Douglas Bauer, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	U of CA School of Medicine		
CITY/ST/ZIP/CO:	185 Berry Street W San Francisco, CA 94143		
NAME:	Judy A Black	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1350 I Street NW		
CITY/ST/ZIP/CO:	Suite 510 Washington, DC 20005		
NAME:	Gail Sheehy	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	39 West 67 Avenue		
CITY/ST/ZIP/CO:	#302 New York, NY 10023		
NAME:	Ethel S Siris, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	180 Ft Washington Avenue		
CITY/ST/ZIP/CO:	Room 9-964 New York, NY 10032		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ AMY PORTER	AMY PORTER, CEO	7/11/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		